

COUNTY OF LOS ANGELES

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DEPARTMENT OF MENTAL HEALTH

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Reply To: (213) 738-4601
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August 18, 2005

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, CA 90012

Dear Supervisors:

**AUTHORIZATION TO IMPLEMENT
COUNTYWIDE ENHANCED SPECIALIZED FOSTER CARE
MENTAL HEALTH SERVICES
IN SERVICE AREAS 6 AND 7
(SUPERVISORIAL DISTRICTS 2, 3, AND 4)
(3 VOTES)**

**JOINT RECOMMENDATION WITH THE DIRECTOR OF THE DEPARTMENT OF
CHILDREN AND FAMILY SERVICES THAT YOUR BOARD:**

1. Approve the proposal for the Countywide Enhanced Specialized Foster Care Mental Health Services Plan (Plan), as described in Attachment I, to enhance specialized foster care mental health services and ensure that children referred to the Department of Children and Family Services (DCFS) are appropriately screened for mental health issues, and that all children placed under the care of DCFS have ready access to multidisciplinary assessments and mental health treatment services. This plan is consistent with the County's obligations under the settlement agreement reached in the Katie A. class action.
2. Authorize the implementation of the Plan in Service Areas (SAs) 6 & 7, effective upon Board approval. These services represent Phase I of the Plan at a projected annual cost of \$13,679,000, fully funded with \$5,448,000 in Early and Periodic Screening, Diagnosis and Treatment (EPSDT)-State General Funds (SGF), \$6,665,000 in EPSDT-Federal Financial Participation (FFP) Medi-Cal, and \$1,566,000 in Intrafund Transfer (IFT) from DCFS using funding from the Designation fund for MacLaren, as detailed in Attachment II. The projected cost for Fiscal Year (FY) 2005-06 will be prorated at an estimated amount of

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\$10,259,250, fully funded by EPSDT-SGF, EPSDT-FFP Medi-Cal, and IFT from DCFS.

3. Delegate authority to the Director of Mental Health or his designee to prepare, sign, and execute amendments, substantially similar to Attachment III, to existing Department of Mental Health (DMH) Legal Entity Agreements listed on Attachment IV. These amendments, totaling \$3,000,000, provide funding for screening, multidisciplinary assessment, and mental health treatment services for children and their families referred to or under the care of DCFS in SAs 6 and 7.
4. Delegate authority to the Director of Mental Health or his designee to prepare, sign, and execute future amendments to the DMH Legal Entity Agreements listed on Attachment IV, and establish as a new Maximum Contract Amount (MCA) the aggregate of the original Agreement and all amendments through and including these Amendments, provided that: 1) the County's total payments to Contractor under each Agreement for each fiscal year shall not exceed an increase of 20 percent from the applicable revised MCA; 2) any such increase shall be used to provide additional services or to reflect program and/or policy changes; 3) the Board of Supervisors has appropriated sufficient funds for all changes; 4) approval of County Counsel and the Chief Administrative Officer (CAO) or their designee is obtained prior to any such Amendment; 5) the parties may, by written Amendment, mutually agree to reduce programs or services without reference to the 20 percent limitation; and 6) the Director of Mental Health shall notify the Board of Supervisors of Agreement changes in writing within 30 days after execution of each Amendment.
5. Delegate authority to the Director of Mental Health or his designee to prepare, sign, and execute an amendment, substantially similar to Attachment V, to the Affiliation Agreement with the Regents of the University of California, Los Angeles (UCLA) for the David Geffen School of Medicine at UCLA – Department of Psychiatry and Biobehavioral Sciences, to provide program evaluation on an annual basis, for an annual amount not to exceed \$50,000.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Approval of the recommended actions will enable DMH and DCFS to develop an expanded comprehensive, community based, culturally relevant treatment program to more quickly and effectively address the mental health needs of children under the care of DCFS in SAs 6 and 7. While DCFS has made significant strides in reducing the number of children in out-of-home placement and in keeping children in their own homes, there continues to be significant difficulty in assuring that all children referred to DCFS Emergency Response staff are screened for mental health issues and that those

with mental health treatment needs who require foster care receive timely and appropriate outpatient mental health services. Over the past several years, DMH and DCFS have engaged in collaborative efforts to improve and increase crisis response, assessment, treatment, coordinated care, and client outcomes. Although improvements have been achieved, there continue to be some challenges in meeting the growing and continuous demand for specialized services to this very vulnerable population. Recent data indicate there are approximately 27,000 children in out-of-home placement in Los Angeles County, with approximately 6,500 (24%) in SA 6, and 3,000 (11%) in SA 7. A review of the children in foster care in SAs 6 and 7 indicates that only approximately 16 percent are currently receiving services through DMH directly operated and contracted programs. This failure to have a greater penetration rate of this underserved population can be attributed to both a significant lack of service capacity and gaps in specialized resources (e.g., services for children ages birth to five and transition age youth). Funding of this project will facilitate the availability of mental health services to as many as 950 additional children and families on an annual basis for Phase I.

The Plan and the implementation of Phase I of this Plan represent a coordinated, collaborative effort between DMH and DCFS to further address the specialized mental health needs of foster care children. DMH staff co-located at DCFS Regional Offices will provide the following essential functions: mental health screenings and referrals within 72 hours of coordination of emergency psychiatric response for severe cases, centralized client enrollment, case management and tracking, consultation, system navigation, technical assistance and training, and monitoring of services and measurement of treatment outcomes. DMH directly operated and contract agencies will provide comprehensive and standardized psychosocial and developmental assessments and provide intensive in-home and in-clinic evidence-based treatment approaches shown to be effective in treating the severe emotional and behavioral problems of the foster care population.

It is anticipated that the successful implementation of Phase I of the Plan will serve as a model for program development throughout the rest of the County by the end of the fiscal year.

Implementation of Strategic Plan Goals

The recommended Board actions are consistent with the principles of the Countywide Strategic Plan: Organizational Goal No. 1, "Service Excellence" - Provide the public with easy access to quality information and services that are both beneficial and responsive; Goal No. 3, "Organizational Effectiveness" - Ensure that service delivery systems are efficient, effective, and goal-oriented; Programmatic Goal No. 5, "Children and Families Well-Being" - Improve the well-being of children and families in the County of Los Angeles; and Goal No. 7, "Health and Mental Health" - Implement a client-centered,

information-based health and mental health services delivery system that provides cost-effective and quality services across County departments.

FISCAL IMPACT/FINANCING

There is no net County cost impact on the FY 2005-06 Adopted Budget.

The annual projected cost of Phase I of the Plan is \$13,679,000, fully funded with \$5,448,000 in EPSDT-SGF, \$6,665,000 in EPSDT-FFP Medi-Cal, and \$1,566,000 in IFT from DCFS (using funding from the Designation fund for MacLaren).

The estimated cost for FY 2005-06 will be \$10,259,250, fully funded with \$4,086,000 in EPSDT-SGF, \$4,998,750 in EPSDT-FFP Medi-Cal, and \$1,174,500 in IFT from DCFS using funding from the Designation fund for MacLaren. All required appropriation and revenue adjustments, including the transfer of funding from the Designation for MacLaren fund to the DCFS budget, will be included in the Supplemental Budget Resolution recommendations from the CAO.

DMH will develop a FY 2004-05 baseline to identify the funding currently allocated to provide mental health services to children under DCFS supervision. The baseline will identify the amount of Medi-Cal and County General Funds (CGF) currently being expended to provide mental health services to the children under DCFS supervision. This includes services provided by both directly operated and contract providers. DMH will provide DCFS with the necessary documentation to support that the baseline has been met at which time DCFS will only be obligated to provide the funding for unreimbursed services provided above the baseline and specifically related to the services provided in the Plan.

The use of the baseline methodology will ensure that the funding provided by DCFS from the Designation for MacLaren fund, as part of the Plan, is used to augment current service and funding levels, ensuring that there is no supplantation. The match funds provided by DCFS are not authorized to be used to supplant FY 2004-05 funding levels.

The projected annual cost of the total enhanced Countywide program is \$36,136,000 which is anticipated to be fully funded by EPSDT-SGF, EPSDT-FFP Medi-Cal, and IFT from DCFS (using funding from the Designation fund for MacLaren). A better estimate of the Countywide program costs will be developed based on experience from Phase I implementation.

DMH staffing need for directly operated clinics is included in the cost estimates indicated above. A total of 106 positions will be added to the DMH budget for directly

operated clinics in the Supplemental Budget Resolution recommendations from the CAO.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

The requested actions will provide enhanced Specialized Foster Care Mental Health Services in SAs 6 and 7 in accordance with the Plan, as well as increase the capacity of the Countywide Children's System of Care to coordinate the program outcomes.

SA 6 Specialized Foster Care Mental Health Services will serve to improve and increase access to screening, assessment and mental health treatment for children under the care of DCFS and their families by augmenting the existing service array and building upon the unique resources that already exist in that SA. These include the recent opening of the DCFS Compton Regional Office, co-location of DMH staff in DCFS' new Compton Regional Office, DMH's significant investment in comprehensive children and family services at Augustus F. Hawkins Mental Health Center, and expansion of the services provided by Kedren Community Health Center, Inc. (Kedren) and Los Angeles Child Guidance Clinic (LACGC). DMH assumed responsibility for the operation of the Augustus F. Hawkins outpatient psychiatric services almost two years ago. Since then, a foundation for academic and medical teaching services as well as an extensive array of children and family services in the Southern County area has been established, which will benefit foster children and families. In addition to the ability to provide thorough, multidisciplinary assessment, crisis and ongoing therapy for children, adolescents and their families, state-of-the-art approaches will be available in this community through this program. The SA 6 program will serve the DCFS Wateridge and Compton Regional Offices through County DMH directly operated programs; LACGC and Kedren will serve the DCFS Century and Hawthorne Regional Offices, respectively.

The specific components of the SA 6 program are intended to provide sufficient capacity to screen children referred to DCFS Emergency Response staff and to afford immediate access for foster children thus identified as needing further mental health assessment and services. In addition to traditional outpatient mental health services, the program will provide multidisciplinary assessments for high-risk foster children, early intervention for younger age children, Start Taking Action Responsibly Today (START), intensive in-home mental health services, and other specialized mental health services. Focus for these specialized programs will be on children in D-rate foster homes, those at risk for change in placement, those in Foster Family Agencies, and children discharged from acute care psychiatric hospitals.

SA 7 Specialized Foster Care Mental Health Services will provide identification, consultation, screening and linkage to mental health services for children referred to or

under the care of DCFS. Through this program, DMH clinical staff plan to be co-located in the SA 7 DCFS Regional Offices (Belvedere and Santa Fe Springs) to provide mobile response, crisis intervention, assessment, brief treatment, and linkage services. Mental health clinicians will also have increased involvement in several DCFS processes, including Regional Placement Resource Teams, Family Team Decision-making conferences, and DCFS case planning meetings as well as improved capacity to accompany DCFS staff on field visits. In addition, mental health staff will assist DCFS in developing support groups, self-help groups, and other interventions to target transition age youth, with a particular focus on issues of substance abuse and gang involvement. Finally, the program provides for the expansion of both the directly operated Roybal and San Antonio Mental Health Centers and selected contracted mental health services providers to be determined. These expansions are intended to provide sufficient capacity to address the special needs of children from birth to five years of age, children at risk for placement changes, those in Foster Family Agencies, those with histories of repeated psychiatric hospitalizations, and those residing in D-rate placements.

The proposed actions have been reviewed and approved by County Counsel and the CAO.

CONTRACTING PROCESS

One of the requested actions is to augment the amount of funding in existing contracts for specialized mental health services to children under the care of DCFS. DMH has met the County's requirement for advance notification of intent to negotiate a sole source contract of \$250,000 or greater in its letters to your Board dated August 4, 2005, regarding contracting with LACGC and Kedren in SA 6 to provide specialized mental health services to children residing in the ZIP codes served by the DCFS Century and Hawthorne Regional Offices, respectively.

LACGC has extensive experience in providing mental health services to high-priority children under the care of DCFS who are involved in Family Preservation, System of Care, and the Multidisciplinary Assessment Team (MAT). Additionally, LACGC has three service sites that will geographically allow easier access for families served in the DCFS Century Regional Office.

Kedren has significant experience in delivering a full array of specialized mental health services to children and families involved in the child welfare center, including System of Care, MAT, and Family Preservation. The location of Kedren's two (2) service sites will ensure that children and families served at the DCFS Hawthorne Regional Office have easier access.

To address the needs of children in SA 7, DMH will identify and select, in accordance with County directives and guidelines, contracted mental health providers to which EPSDT funds will be allocated to expand mental health services. Once the providers are selected, any required Board letters will be submitted for your Board's approval.

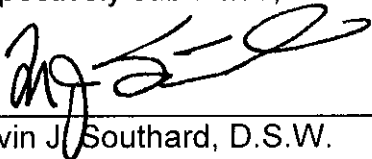
IMPACT ON CURRENT SERVICES

The Plan will provide a template for improving access to and provision of specialized mental health services to a high priority, underserved population of children referred to or under the care of DCFS. Implementation of Phase I of this Plan will increase capacity and provide state-of-the-art mental health services tailored to the needs of foster children and their families in SAs 6 and 7. In addition, this Plan will create an environment for enhanced collaboration between DMH and DCFS to address the needs of this high-risk group of children and their families.

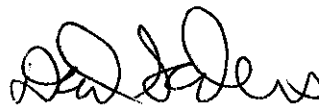
CONCLUSION

The Departments of Mental Health and Children and Family Services will each need one (1) copy of the adopted Board's action. It is requested that the Executive Officer of the Board notifies the Department of Mental Health's Contracts Development and Administration Division at (213) 738-4684, and the Department of Children and Family Services, Director's Office, at (213) 351-5600 when these documents are available.

Respectively submitted,



Marvin J. Southard, D.S.W.
Director of Mental Health



David Sanders, Ph.D.
Director of Children and Family Services

MJS:MY:JA:cmk

Attachments (5)

c: Chief Administrative Officer
County Counsel
Auditor-Controller
Chairperson, Mental Health Commission

Countywide Enhanced Specialized Foster Care Mental Health Services Plan

Introduction

The Countywide Enhanced Specialized Foster Care Mental Health Services Plan (Plan) builds upon prior efforts to improve mental health services for foster children and youth. These included the DCFS/DMH joint closure of MacLaren Children's Center and the development and implementation of countywide programs such as the Permanency Planning Teams and an expansion of enrolled youth in Wraparound from 322 in January 2003 to 513 in July 2005. The plan also builds on the significant progress made by the County on improved child welfare indicators for children in the foster care system. As noted in previous communications, the County has significantly reduced the number of children brought into care as well as improved safety, stability, and permanence for children in care.

During the past couple of years, Los Angeles County has reduced the percentage of children with a substantiated allegation of abuse/neglect (within 6 months of the initial allegation) from 9.2% to 7.8%. We have reduced the rate of child abuse/neglect in foster care from 1.62% to .096% and have reduced the rate of recurrence of abuse and/or neglect in homes where children were not removed from 6.9% to 6.5%. We have increased the number of children that are reunified within 12 months from 32% to 40.7%, while reducing subsequent entries into foster care within 12 months of reunification from 6.9% to 4.8%. These achievements are significant and demonstrate that increased efforts to keep children in their home or return them home more quickly with support has not compromised their safety.

We have also made progress in providing stability to children in care by increasing the percentage of children who have had no more than two placements while in care for 12 months or less from 86.7% to 88.6%. In addition, we have continued to maintain and support our rate of primary placements with relatives (most recently at 48.4% - one of the highest relative placement rates in the nation).

In many of the measures noted above, we meet or exceed the Statewide percentages and/or the level of improvement Statewide.

The following Countywide Enhanced Specialized Foster Care Mental Health Services Plan will significantly augment the current mental health service delivery system wherein children's strengths and needs are assessed by mental health professionals, and corresponding individualized services are developed. It will build upon the above detailed achievements while further contributing to increased child safety, reduced reliance on out-of-home care, and improved timelines to permanency, as well as improved outcomes in functional life domains.

This Plan is consistent with the County's obligations under the settlement agreement reached in the Katie A. class action. As directed by Judge Howard A. Matz, representatives from DMH and DCFS have conducted ongoing meetings and consulted with the Katie A. Advisory Panel members and plaintiffs' counsel to address the terms of the settlement agreement. The primary departmental initiatives and programs that are being aligned in order to respond to Katie A. encompass a variety of planning and implementation efforts that are in various stages of development. They include: Structured Decision Making (DCFS); Points of Engagement (DCFS), countywide medical Hubs (DCFS/DMH/DHS), co-located mental health services within DCFS Regional Offices (DMH/DCFS), and the Countywide Enhanced Specialized Foster Care Mental Health Services Plan.

Scope of the Effort

DCFS receives approximately 10,000 new Child Protective Services Hotline referrals each month. As of March 2005, 38,698 children and youth were receiving child welfare services. The Katie A. Advisory Panel estimates in their June 16, 2005, Draft Fifth Report to Court that approximately 50% of the children served by DCFS are considered to have diagnosable mental health conditions, which include serious emotional, behavioral, and psychiatric disorders that require mental health services. Existing research literature and available data indicate that the prevalence rate of emotional and behavioral problems among children in foster care may be as high as 50%.

While the number of children and adolescents to be served is considerable, the County, through a broad continuum of care, including DMH directly operated services and contracted children's mental health agencies, provides mental health care to a considerable number of DCFS involved children. Based upon the most current reliable information, in a given year, 31% of children in the child welfare system are provided services by DMH, while 46% received mental health services during their lifetime.

The types of services provided to this population during this reporting period and their associated costs are presented in the table below. Note that the number of clients served reported in this table does not represent unduplicated clients. For example, some clients receive more than one type of service over the course of the year and are therefore reflected in more than one category.

| Service Type | Number of Clients Served | Number of Contacts | Amount Billed |
|----------------------|---------------------------------|---------------------------|----------------------|
| Outpatient | 17,290 | 113,495 | \$118,894,515 |
| Inpatient | 1,446 | 2,530 | 21,522,783 |
| Crisis Stabilization | 411 | 539 | 627,192 |
| Day Treatment | 2,042 | 2,487 | 33,558,813 |
| Case Mgmt. Support | 145 | 217 | 271,558 |
| Total Cost | | | \$174,874,861 |

In addition to these services, Fee-For-Service providers report provision of outpatient mental health services to 6,124 DCFS involved children during the same reporting period.

Background

DMH currently administers, as well as formally participates in, a wide variety of programs designed to address the mental health needs of DCFS involved children, youth, and families. Most of these programs "target" children with significant impairments as a result of mental disorders and who meet the "medical necessity" criteria for specialty mental health services. As defined by the State Department of Mental Health, medical necessity criteria consist of an "included diagnosis" that results in functional impairment, wherein intervention will reduce or minimize the effects of the impairment and associated symptoms. Many programs also include service integration initiatives and interagency collaboration with other County departments, school districts, and community provider networks. The types of services provided include screening, assessment, treatment, behavioral interventions, special education services, case management, consultation and linkage, family/community support, crisis response, placement, and medication management as well as hospitalization for more disturbed children and youth.

Several DMH efforts, while not currently countywide in scope, provide examples of screening, assessment, case management, and service linkage for DCFS involved youth and their families. Included among these models are the Multidisciplinary Assessment Team (MAT), the Interagency Consultation and Assessment Teams (ICAT), and the Start Taking Action Responsibly Today (START) program. Each of these programs was designed specifically to support the mental health needs of the child welfare system. Other DMH-administered programs that address assessment/evaluation for children in care include: D-Rate Assessment, AB 3632, and the Dependency Court Mental Health Services program. The D-Rate Assessment and the Evaluation Program are an example of a collaborative effort that promotes continuity of care and positive outcomes. In this program, DCFS and DMH ensure that the mental health needs identified in the D-Rate Assessment are translated to a service plan that reflects input from the DCFS Children's Social Worker (CSW) and the licensed mental health staff providing required treatment.

DMH also administers the mental health component of the Family Preservation program and participates in a number of DCFS initiatives, including Service Planning Area (SPA)-based Family-Centered Team Decision-Making (FTDM) meetings, Regional Placement Resource Teams (RPRTs), Interagency Screening/Review Committees (ISCs), and Local Interagency Operation Networks (LIONs). Through its Infancy, Childhood and Relationship Enrichment (ICARE) network, the Department further coordinates and provides training, technical assistance and support to a variety of programs which serve the mental health and developmental needs of children from birth to five years of age in the care of DCFS as well as families at risk for maltreatment of young children.

Finally, DMH provides a variety of mental health service options for the highest at-risk youth in the child welfare system. Specific populations of youth served by these programs include: Severely Emotionally Disturbed (SED) foster care children with AB 3632 services and special education placements; D-rate children in foster care; children placed in group homes; children in Fee-For-Service psychiatric hospitals; children receiving foster care emergency services through DMH Enhanced Children's Crisis Teams and other acute assessment and emergency services; Level 12 and 14 screenings and placements; and children referred by the Metropolitan State Hospital Screening Committee for interagency consultation, case management, and follow-up. These efforts provide systematic case coordination and linkage across multiple programs as well as improved access to the following array of services:

- Children's System of Care (CSOC)
- Wraparound Services
- Permanency Planning Teams
- AB 3632 Services
- Therapeutic Behavioral Services (TBS)
- Day Treatment Intensive and Day Rehabilitation Treatment Programs
- Community Mental Health Services (County Directly Operated and Contract Providers)
- School Based/School Linked Programs
- Supportive and Therapeutic Options for Programs (STOP)
- Emergency Outreach Bureau (EOB) – Children's Crisis Teams and Psychiatric Mobile Response Teams (PMRTs)
- Countywide Case Management

The following core elements of the proposed Countywide Enhanced Specialized Foster Care Mental Health Services Plan are discussed in relationship to the Katie A. settlement requirements.

Identification and Mental Health Screening

Children who come to the attention of the foster care system are often at an increased risk of medical and mental illnesses, with varied levels of severity. DCFS needs forensic medical and mental health expertise and assessment capacity available 24 hours a day, 7 days a week (24/7), to meet the emergent and ongoing needs to ensure safety and permanency for children at risk of entering or who are already in the foster care system. Currently, traditional hospital emergency rooms and most medical and mental health facilities do not have the forensic expertise necessary to adequately address the needs of foster youth.

DCFS has solicited the involvement of its external partners to develop multidisciplinary medical Hubs countywide. Six locations are planned countywide for the medical Hub system. One Hub, LAC+USC Medical Center Violence Intervention Program, is currently in operation and the other five (High Desert Health System, Olive View Medical Center, Harbor-UCLA Medical Center, King-Drew Medical Hub, and Children's Hospital Los Angeles) are anticipated to begin operations between now and October 1, 2005.

Goals

The goals of the Hubs are to: 1) increase the safety of children in, or at risk of entering the foster care system; 2) decrease timelines to permanency; and 3) reduce reliance on detention. These goals will be achieved by ensuring:

- Access to the expertise necessary to identify and treat severe/complex medical and mental health issues of high-needs children and other children in protective custody resulting in improved placement and detention decision-making;
- Linkage to mental health services for foster care children;
- Availability of 24/7 forensic medical assessments and mental health screenings and ongoing treatment, as determined by the Hub professionals; and
- Coordination of any follow-up medical and mental health treatment needed.

Target Population

The children to be served by the Hubs include: (a) any child who is detained; (b) any child who would benefit from a forensic medical examination as part of the DCFS ongoing investigations of physical abuse or sexual abuse, failure to thrive, or severe neglect; (c) any child who has been injured in care while under DCFS supervision; and (d) cases where assistance is needed on an individualized health plan for a special needs child, or on general health care planning for a child, or when a second opinion is needed. This target population includes children within the Katie A. plaintiff class.

Services

For newly detained children, the CSW will be mandated to make a Hub referral immediately or within the first 72 hours of removal as per DCFS policy. The Hub will provide a comprehensive medical assessment (including a forensic exam, as needed), a Child Health and Disability Program (CHDP) exam (as needed), and an age appropriate mental health screening using a

standardized screening tool. A mental health screening that results in an identified need for a mental health assessment and mental health services will be forwarded to the CSW for inclusion in the MAT (Multidisciplinary Assessment Team) process. Following the detention hearing, a MAT provider will complete a comprehensive MAT assessment within 30-45 days of placement. The comprehensive assessment consists of mental health, as well as medical, dental, developmental, and educational evaluations.

In SPAs where a MAT process is not in place, the CSW will consult with a DMH "systems navigator" who will provide assistance to ensure that children who are in need of a mental health assessment will receive one as well as related mental health services. The systems navigators will be co-located in selected DCFS Regional Offices and serve as experienced clinicians who are highly knowledgeable about the mental health issues and resources in the immediate community. They will monitor and track referrals to make sure that the children are seen in a timely manner, as well as facilitate the appropriate sharing of information between CSWs and the treating clinicians to inform the case-planning process.

In Regional Offices where there are ICATs, the mental health assessments, short-term treatment (if necessary), and related case-management will be provided by ICAT clinicians. These cases will be subsequently referred and successfully linked to treatment services.

Non-detained children in need of a mental health assessment will be similarly identified, referred, and linked to appropriate services.

Mental Health Assessment

DMH and DCFS have been working together on the task of ensuring that children involved in the child welfare system manifesting mental health problems receive timely, thorough and appropriate mental health assessments. To that end, the two departments are proposing system changes to address these issues in a comprehensive and coordinated manner. The mental health assessment needs of children newly detained by DCFS, as well as children already in foster care placements in the community, will be assessed as follows:

Newly Detained Children - As mentioned in the previous discussion of the Hub services, all newly detained children will be screened for mental health concerns with a standardized screening tool. Any child who scores positive for mental health issues will be referred either to a MAT provider for a comprehensive assessment or to a community based mental health center in the provider network. The provider network will employ a comprehensive, developmentally appropriate mental health assessment.

In SPAs where the MAT process is fully implemented, the DCFS MAT Coordinators in the respective Regional Offices will directly refer the child to a selected MAT provider on a rotational basis, unless there is a need for specialized services (e.g., children ages birth to five, youth with co-occurring disorders, etc.).

Children In Placement - DMH will co-locate clinical staff in each of the Regional Offices to support the CSW by providing consultation while participating in various case-planning activities, like Team Decision Making and Regional Permanency Review Teams. During these meetings, children requiring mental health assessments will be identified. The clinical team that includes both clinical and para-professional staff will either conduct the assessment on site or in the community if it is more appropriate. If a specialty mental health assessment is required, the clinical team will link the family to the appropriate mental health provider. Additionally, DMH staff will be available to assess children "stepping down" from congregate care or inpatient hospitalization to a less restrictive environment. Where indicated, DMH staff will accompany

CSWs to discharge planning meetings at psychiatric hospitals to assist in linkage to appropriate mental health services upon discharge.

Case Management Services

Children and youth receiving mental health services will be provided with case-management services designed to promote service coordination, service availability and access to appropriate levels of service. Case management needs will be identified during the mental health assessment and, as indicated, updated on the treatment plan. The services include, but are not limited to:

- Coordinating, tracking, and monitoring the progress toward treatment goals (outcomes);
- Following-up to ensure that clients are successfully linked to needed services, which could include ancillary community resources (e.g., medical services, vocational training, education, recreation, substance abuse treatment);
- Participating in DCFS case reviews and case conferences to coordinate and provide consultation regarding treatment progress and plan development; and
- Identifying and securing various entitlement benefits (funding).

DMH recognizes the need to identify appropriate staff who are fully dedicated to providing such case management services. They may include DMH “super” case managers who will work closely with: mental health providers (who serve as the Single Fixed Point of Responsibility (SFPR) for selected clients); treating clinicians; and DMH systems navigators and/or navigation teams (which could include Parent Advocates) who can assist families/caregivers in accessing needed services and in navigating both systems and community resources. This case management function is critical to ensuring linkage to a full range of individualized, interdisciplinary, coordinated, integrated, and community-based mental health services and supports. DMH case managers will also work in close collaboration with DCFS CSWs who continue to assume primary case-carrying responsibility for addressing respective clients’ well-being and their family/caregiver support needs within the child welfare system.

Mental Health Treatment

This Plan calls for a significant expansion of mental health services, as well as a major change in approach to service delivery. Mental health services will be delivered in a manner that honors the uniqueness, culture and strengths of each child, family and situation. The availability of fully dedicated staff will facilitate the provision of community-based services. Qualified staff (including psychiatrists) with the understanding, experience, and capacity to effectively serve children and families in the home, school, or other community settings will be hired. Moreover, each SPA is proposing to develop multidisciplinary work units dedicated solely to responding to the mental health needs of children in foster care, thereby ensuring efficient and timely access to services. Children being referred from the Hubs/MAT, discharged from inpatient hospitals and other restrictive settings will be seen no more than 3 days after discharge. The wait for the initial intake should not be longer than one week after the initial screening. Walk-in services will be available at most clinics.

Particular efforts will be focused on enhancement of service availability to several important child welfare subpopulations with special mental health needs, including children ages birth to five, “crossover youth,” youth with co-occurring substance use disorders, transition age youth, children residing in congregate care or being stepped down from higher levels of care, and SED children and youth. In fact, DMH’s recently developed Community Services and Supports plan in response to the Mental Health Services Act (MHSA) requirements identifies these child

welfare subpopulations as "focal" populations to be served through Full Service Partnership as well as System Development funds that are anticipated to be available in early 2006.

Corresponding programs based on Children's System of Care and Wraparound values, principles, and service standards will be available in each SPA. Whenever appropriate, the principal model of mental health service delivery will be in-home or home-based services that are individualized, child-focused, family/caregiver-centered, strength-based, and value-driven. These services will be provided in a flexible manner with sufficient availability, duration, intensity and frequency to address each child's unique and often complex needs, guide his/her caregivers, and provide "whatever it takes" to attain identified goals. In-home services will further incorporate evidence-based, promising, and best practice standards for specific age/disorder "clusters" of children and youth. Among such intervention models are Multidimensional Treatment Foster Care, Multisystemic Therapy, and Functional Family Therapy as well as Therapeutic Behavioral Services (TBS) and approaches such as structured family therapy, strategic family therapy, cognitive behavioral therapy, and parent training (e.g., Incredible Years).

Clinic-based services may include individual, group and family therapy, intensive and rehabilitative day treatment, and medication support. Enhanced staffing will allow DMH to respond to requests for services on a prioritized basis, thus increasing access. Crisis intervention services and coordination of mobile psychiatric response will also be provided in order to stabilize placements and avoid higher levels of care.

Benefits Establishment

DMH directly operated and contract mental health providers will develop an aggressive benefits establishment program to effectively identify and enroll eligible children in mental health entitlement programs. These programs include EPSDT Medi-Cal, Healthy Families, Healthy Kids, and other available State and federal revenue resources. The majority of children in placement will qualify for EPSDT Medi-Cal benefits. Where mental health coverage is a problem, DMH case-managers will work very closely with the DCFS Patient Financial Screening Workers and CSWs to attain other entitlements, as appropriate. DMH and DCFS will explore the feasibility of developing a joint revenue enhancement venture with a focus on early access to entitlement benefits for children and families in the child welfare system.

Co-located and Integrated Mental Health Staffing in DCFS Regional Offices

Support for enhanced coordination of services by the child welfare and mental health systems will be facilitated by co-locating mental health staff within DCFS Regional Offices, who will function as systems navigators. These mental health teams, composed of DMH directly operated multidisciplinary staff, such as the Interagency Consultation and Assessment Teams (ICAT) and Permanency Planning DMH liaison staff, will provide "in house" services in support of DCFS staff, including:

- Consultation and liaison
- Systems navigation
- Referral and linkage
- Case management
- Screening and assessment
- Cross training

DMH will align these services to support and inform key decision-making processes (e.g., MAT, multi-agency Regional Permanency Review Teams (RPRTs), and Family Team Decision-

making meetings) within the child welfare system. As participants in the various DCFS case-planning activities, the DMH staff will be afforded an opportunity to track outcomes and monitor the quality and quantity of services that the children and families are accessing, as well as make recommendations to improve access. Such efforts are designed to contribute to the fundamental DCFS goals of reducing reliance on out-of-home care and shortening timelines to permanency.

D-Rate Evaluation Team

Effective April 1, 2005, DCFS developed a specialized D-Rate unit in the Regional Offices. The goals of this unit are to assist the case-carrying CSW with the formulation of a viable case plan and to work with the foster caregiver to achieve better outcomes. Six months after the initial D-Rate assessment, the D-Rate Evaluation Team will be responsible for reviewing each child's case to evaluate progress, revamp goals and modify treatment options as indicated. DCFS is in the early stage of developing a customer satisfaction program related to the D-Rate program in order to support caregivers, children who utilize services, CSWs, and providers. In the initial phase, a DCFS program manager will conduct a telephone survey of a random sample of cases that have been re-certified for D-Rate. Caregivers will be asked a series of quality of care questions. In September, a more formal and complex tool will be developed, administered, and evaluated. The results of these surveys will inform any required changes to the program. In addition, town hall forums will be scheduled throughout the County to solicit community input regarding ways to improve service delivery.

In order to further enhance interdepartmental staff integration, DMH has assigned a team of Medical Caseworkers (MCWs) and a Supervising Psychiatric Social Worker (SPSW) to work as members of the D-Rate Evaluation Team. The DMH SPSW and MCWs will be housed at DMH offices but will travel to assigned DCFS offices. As support to the DCFS D-Rate Evaluators, they will be responsible for ensuring that children in D-Rate foster homes are linked to appropriate mental health services. Specifically, the DMH staff will participate in the review of the initial D-Rate assessments and recommendations provided by the DMH D-Rate assessment unit. Any mental health services that are deemed to be emergent will be prioritized and immediately linked to a community mental health provider. The services can be provided in the home of the child.

Additionally, the DMH MCWs will be the liaison between the DCFS CSWs and the mental health clinicians to facilitate the exchange of information regarding progress toward treatment goals identified in the initial treatment plan. The respective DMH and DCFS program managers will meet as needed, but not less than quarterly to review the effectiveness of the collaboration.

Enrollment and Tracking of Service Delivery and Client Outcomes

In those instances where the mental health assessment indicates that the severity of the emotional, behavioral, or psychiatric problems rise to the level of SED, the youth will be enrolled in a centralized, aggressive tracking program. DMH is currently seeking a system that will provide a specialized database that will produce "real time" information regarding service provision and client outcomes. Data collection systems under review include "mHUB" and "myCSW." In addition to those youth identified as SED as they enter the child welfare system, this enrollment process and related service provision will include those SED youth already known to DCFS.

Enrollment and Tracking functions include:

- Assuring that children and youth are quickly engaged once they are determined to be SED
- Oversight to ensure that mental health services are consistent with the needs and strengths of the children and youth
- Monitoring of client outcomes related to functional life domains
 - Safe living arrangements
 - A meaningful way to use one's time
 - Supportive relationships
 - Ability to get needed assistance
 - Ability to weather crises successfully
 - Physical health

The tracking system will also provide for the monitoring of provider adherence to their respective performance-based contracts. Corresponding performance measures are currently being developed as part of a Performance-based Contracting Work Plan. Workgroups involving the CAO-Service Integration Branch, Auditor-Controller, County Counsel, and MHSA planning stakeholder representatives will focus on the following tasks: 1) review and selection of qualified EPSDT-funded programs/approaches with sufficiently established levels of effectiveness; 2) articulation and classification of current practices; 3) development of a countywide evaluation strategy that would include the collection and analysis of data indicating practice fidelity and achievement of corresponding child and family outcomes; and 4) designing implementation strategies for countywide rollout of the initiative to promote service excellence.

Program Evaluation

The Countywide Enhanced Specialized Foster Care Mental Health programs that will be implemented in the respective Service Areas will be formally evaluated. The evaluation process will be designed and conducted by the David Geffen School of Medicine at the UCLA Department of Psychiatry and Biobehavioral Sciences, with Bonnie Zima, M.D., serving as the principal investigator. Dr. Zima will utilize databases related to the above referenced enrollee-based program. The results of the evaluation of the initial phase will inform the ongoing implementation of the proposed countywide plan.

Implementation Plan

The key elements of the Countywide Enhanced Specialized Foster Care Mental Health Plan will be accomplished via a public-private partnership that will include DMH directly operated staff and contract mental health service providers who will be responsive to the unique needs of each of the eight County Service Areas. DMH and DCFS have prepared a Board request to implement the key elements of the program in two Service Areas (6 and 7) and plan to submit an additional Board request by January 2006 to enable countywide implementation of the proposal. The phased sequencing and scope of these proposals is based in large part on a survey of mental health service needs conducted by the DMH Planning Division. Service Areas 6 and 7 have the greatest unmet need for mental health services for the DCFS client population and are thus scheduled for the earliest implementation.

Countywide Administrative Infrastructure

DMH will need to establish additional countywide administrative infrastructure to provide oversight, consultation, coordination, and evaluation of these efforts. The Plan calls for a number of new countywide service elements, such as mental health screening, enrollment,

tracking, and outcome evaluation, as well as greater emphasis on intensive and evidence based treatment models, expanded services to high need populations, and the co-location of mental health staff within DCFS Regional Offices. This will require unprecedented collaboration between DMH and DCFS administrations as well as departmental DCFS Regional Office operations. This new DMH administrative unit will need to work in close coordination with DCFS administrators, DMH Service Area District Chiefs, County Counsel, Katie A. Advisory Panel members, DMH executive staff, and various DMH Bureaus/Divisions (e.g., Planning, Standards and Practices, Training and Cultural Competency Bureau, Contracts, Budget, etc.) to comply with the requirements of the Katie A. lawsuit.

Phase One

The Board letter requesting approval of the countywide plan and the implementation of the Plan in Service Areas 6 and 7 is scheduled for the August 30, 2005 Board agenda. The timeline for implementation of Phase One is as follows:

- | | |
|---------------------|--|
| September - October | <ul style="list-style-type: none">- Identify space for co-location of staff at DCFS offices- Hire 25% of staff- Cross-train DMH/DCFS staff- Develop operational agreements between local DCFS and DMH offices- Develop referral process- Select a data collection system- Provide mental health services to 50 DCFS children- Conduct process to identify contract providers in SPA 7 |
| November – December | <ul style="list-style-type: none">- Acquire space for San Antonio MHC/Augustus F. Hawkins- Hire remaining staff- Complete co-location of staff with operational agreements in place- Continue staff cross-training- Provide mental health services to an additional 150 DCFS children |

Phase Two

A Board letter supporting implementation of the Plan for Service Areas 1, 2, 3, 4, 5, and 8 will be submitted in January 2006, with full implementation to be completed by June 30, 2006. The timeline for implementation of Phase Two is as follows:

- | | |
|--------------------|--|
| January - February | <ul style="list-style-type: none">- Acquire required space for directly operated staff in selected SAs- Hire 25% of staff- Co-locate appropriate staff- Cross-train DMH/DCFS staff- Develop operational agreements- Provide mental health services to an additional 200 DCFS children |
| March - April | <ul style="list-style-type: none">- Hire additional staff- Continue staff cross-training- Acquire required space for remaining SAs- Hire 25% of staff- Co-locate appropriate staff- Cross-train DMH/DCFS staff- Develop operational agreements- Provide mental health services to an additional 400 DCFS children |

Phase Two (continued)

- May - June
- Hire remaining staff
 - Continue staff cross-training
 - Provide mental health services to an additional 800 DCFS children

Implementation of the Plan will require some systems changes for both DMH and DCFS. For instance, the language in DMH contracts with contracted mental health providers will need to change to reflect the expectation that services will be delivered in a non-traditional, flexible, in-home, and community-based manner. Corresponding "Performance-based" contracting guidelines will also need to be developed.

Hiring this large number of professional staff also will be a challenge due to the small pool of eligible professionally trained personnel in Los Angeles County. Recruitment will have to extend outside of the County and possibly the State of California. Furthermore, full implementation of this considerable expansion of mental health services is contingent upon systems outside of the control of both DMH and DCFS.

August 17, 2005

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

**SPECIALIZED FOSTER CARE MENTAL HEALTH SERVICES
PROPOSED BUDGET
PHASE I - FY 2005-2006**

| DESCRIPTION | CSOC ADMINISTRATION | | | SERVICE AREA 6 | | | SERVICE AREA 7 | | | TOTAL | | |
|--|------------------------|------|-------------------|----------------|------|---------------------|----------------|------|---------------------|-------|--------|----------------------|
| | ORD | FTE | Budget | ORD | FTE | Budget | ORD | FTE | Budget | ORD | FTE | Budget |
| PROGRAM COST | | | | | | | | | | | | |
| ON-GOING COST | | | | | | | | | | | | |
| SALARIES & EMPLOYEE BENEFITS | | | | | | | | | | | | |
| Regular Pay * | 11.0 | 11.0 | \$ 777,238 | 67.0 | 65.0 | \$ 5,723,104 | 28.0 | 27.0 | \$ 2,252,930 | 106.0 | 103.00 | \$ 8,753,272 |
| Overtime | | | - | | | 31,000 | | | - | | | 31,000 |
| Rounding | | | (238) | | | (104) | | | 70 | | | (272) |
| Total Salaries and Employee Benefits | | | \$ 777,000 | | | \$ 5,754,000 | | | \$ 2,253,000 | | | \$ 8,784,000 |
| SERVICES AND SUPPLIES | | | | | | | | | | | | |
| Caminar | | | | | | \$ 15,000 | | | \$ 15,000 | | | \$ 30,000 |
| Cellular Phones | | | | | | 3,160 | | | 5,450 | | | 8,610 |
| Consultation Services | | | | | | | | | | | | |
| Program Evaluation - David Geffen School of Medicine at UCLA | | | | | | 50,000 | | | | | | |
| Consultation - Caminar Data Extraction | | | | | | 175,909 | | | 175,909 | | | |
| Consultation Services Total | | | | | | 225,909 | | | 175,909 | | | 401,818 |
| Contract Services | | | | | | | | | | | | |
| Kedron Community Mental Health Center | | | | | | 500,000 | | | | | | |
| Los Angeles Child Guidance | | | | | | 500,000 | | | | | | |
| TBA | | | | | | | | | 2,000,000 | | | |
| Contract Services Total | | | | | | 1,000,000 | | | 2,000,000 | | | 3,000,000 |
| Mileage | | | 360 | | | 10,000 | | | 5,040 | | | 15,400 |
| Office Supplies | | | 5,500 | | | 33,500 | | | 14,000 | | | 53,000 |
| Pagers | | | | | | 2,880 | | | | | | 2,880 |
| Training | | | | | | 10,000 | | | | | | 10,000 |
| Travel | | | | | | 10,000 | | | | | | 10,000 |
| Telephone System | | | | | | | | | | | | |
| Vehicle Maintenance and Gas | | | | | | 38,000 | | | 18,000 | | | 54,000 |
| Rounding | | | 140 | | | (449) | | | (399) | | | (708) |
| Total Services and Supplies | | | \$ 6,000 | | | \$ 1,346,000 | | | \$ 2,233,000 | | | \$ 3,585,000 |
| SPACE COST | | | | | | | | | | | | |
| Space Cost | | | \$ - | | | \$ 350,000 | | | \$ 308,880 | | | \$ 658,880 |
| Rounding | | | | | | | | | 120 | | | 120 |
| Total Space Cost | | | \$ - | | | \$ 350,000 | | | \$ 309,000 | | | \$ 659,000 |
| TOTAL ON-GOING PROGRAM COST | | | \$ 783,000 | | | \$ 7,450,000 | | | \$ 4,795,000 | | | \$ 13,028,000 |
| ONE-TIME COST | | | | | | | | | | | | |
| SERVICES AND SUPPLIES | | | | | | | | | | | | |
| Computers and Printers | | | \$ 38,500 | | | \$ 234,500 | | | \$ 98,000 | | | \$ 371,000 |
| Fax Machine | | | | | | | | | | | | |
| Office Furniture | | | | | | 67,000 | | | 27,000 | | | 94,000 |
| Rounding | | | 500 | | | 500 | | | | | | 1,000 |
| Total Services and Supplies | | | \$ 39,000 | | | \$ 302,000 | | | \$ 125,000 | | | \$ 466,000 |
| FIXED ASSETS | | | | | | | | | | | | |
| Vehicles | | | \$ - | | | \$ 140,000 | | | \$ 45,000 | | | \$ 185,000 |
| TOTAL ONE-TIME PROGRAM COST | | | \$ 39,000 | | | \$ 442,000 | | | \$ 170,000 | | | \$ 651,000 |
| TOTAL COST (ON-GOING AND ONE-TIME) | | | \$ 822,000 | | | \$ 7,892,000 | | | \$ 4,965,000 | | | \$ 13,679,000 |
| AVAILABLE FUNDS AND REVENUES | | | | | | | | | | | | |
| EPSDT | | | | | | | | | | | | |
| EPSDT SGF | | | \$ 193,300 | | | \$ 3,225,460 | | | \$ 2,029,196 | | | \$ 5,447,956 |
| EPSDT FFP Medi-Cal | | | 238,482 | | | 3,946,000 | | | 2,482,500 | | | 6,664,982 |
| Rounding | | | 218 | | | (460) | | | 304 | | | 62 |
| Total EPSDT | | | \$ 430,000 | | | \$ 7,171,000 | | | \$ 4,512,000 | | | \$ 12,113,000 |
| Intrafund Transfer from DCFS | | | | | | | | | | | | |
| CGF Match to EPSDT | | | \$ 43,182 | | | \$ 720,540 | | | \$ 453,305 | | | \$ 1,217,027 |
| CGF | | | 348,634 | | | - | | | - | | | 348,634 |
| Rounding | | | 184 | | | 460 | | | (305) | | | 339 |
| Total Intrafund Transfer from DCFS | | | \$ 392,000 | | | \$ 721,000 | | | \$ 453,000 | | | \$ 1,566,000 |
| TOTAL AVAILABLE FUNDS AND REVENUES | | | \$ 822,000 | | | \$ 7,892,000 | | | \$ 4,965,000 | | | \$ 13,679,000 |
| NET COUNTY COST | | | \$ - | | | \$ - | | | \$ - | | | \$ - |

* Please see Attachment III for staffing detail.

CONTRACT NO. DMH-_____

AMENDMENT NO. _____

THIS AMENDMENT is made and entered into this _____ day of _____, 2005
by and between the COUNTY OF LOS ANGELES (hereafter "County") and _____
_____ (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement,
dated _____, identified as County Agreement No. DMH-_____
(hereafter "Agreement"); and OR IF APPLICABLE: identified as County Agreement No.
DMH-_____, and any subsequent amendments (hereafter collectively
"Agreement"); and

WHEREAS, for Fiscal Year 2005-2006 only, County and Contractor intend to
amend Agreement only as described hereunder; and

WHEREAS, for Fiscal Year 2005-2006, County and Contractor intend to amend
Agreement to add \$ _____ in Early and Periodic Screening, Diagnosis and
Treatment (EPSDT)) State General Funds (SGF), \$ _____ in EPSDT Federal
Financial Participation (FFP) Medi-Cal, and \$ _____ in County General Funds
Match to provide funding, as part of a Countywide Specialized Foster Care Mental
Health Services Plan, for in-home and community based screening, assessment and
treatment of mental health issues for children and their families under the care of
Department of Children and Family Services (DCFS) in Mental Health Service Areas 6
and 7; and

WHEREAS, County and Contractor agree that this funding shall not be used to supplant the costs of services for children in the foster care system that are currently being provided under the existing contract. Further, it is agreed that such funding shall only be used for additional services to children that are under the supervision of DCFS; and

WHEREAS, for Fiscal Year 2005-2006 only, the Maximum Contract Amount (MCA) will be increased by a total of \$_____ with a revised MCA of \$_____.

NOW, THEREFORE, County and Contractor agree that Agreement shall be amended only as follows:

1. Paragraph 4 (FINANCIAL PROVISIONS), Subparagraph B (Reimbursement for Initial Period) shall be deleted in its entirety and the following substituted therefore
"B. Reimbursement For Initial Period: The Maximum Contract Amount for the Initial Period of this Agreement as described in Paragraph 1 (TERM) shall not exceed _____ DOLLARS (_____) and shall consist of County, State, and/or Federal funds as shown on the Financial Summary. This Maximum Contract Amount includes Cash Flow Advance which is repayable through cash and/or appropriate SFC units and/or actual and allowable costs as authorized by other provisions of this Agreement. Notwithstanding any other provision of this Agreement, in no event shall County pay Contractor more than this Maximum Contract Amount for Contractor's performance hereunder during the Initial Period. Furthermore, Contractor shall inform County when up to 75 percent (75%) of the Maximum

Contract Amount has been incurred. Contractor shall send such notice to those persons and addresses which are set forth in Paragraph 60 (NOTICES)."

2. Financial Summary - ____ for Fiscal Year 2005-2006 shall be deleted in its entirety and replaced with Financial Summary - ____ for Fiscal Year 2005-2006, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary - ____ for Fiscal Year 2005-2006 shall be deemed amended to state "Financial Summary - ____ for Fiscal Year 2005-2006."
3. Financial Summary - ____ for Fiscal Year 2006-2007 shall be deleted in its entirety and replaced with Financial Summary - ____ for Fiscal Year 2006-2007, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary - ____ for Fiscal Year 2006-2007 shall be deemed amended to state "Financial Summary - ____ for Fiscal Year 2006-2007."
4. Financial Summary - ____ for Fiscal Year 2007-2008 shall be deleted in its entirety and replaced with Financial Summary - ____ for Fiscal Year 2007-2008, attached hereto and incorporated herein by reference. All references in Agreement to Financial Summary - ____ for Fiscal Year 2007-2008 shall be deemed amended to state "Financial Summary - ____ for Fiscal Year 2007-2008."
5. Contractor shall provide services in accordance with the Contractor's Fiscal Year 200 -200 Negotiation Package for this Agreement and any addenda thereto approved in writing by Director.
6. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

/

IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By _____
MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

CONTRACTOR
By _____
Name _____
Title _____
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

Contractor Name:
 Legal Entity No.:
 Agreement Period:
 Fiscal Year:

DMH Legal Entity Agreement
 Attachment II Page 1 of 2
 The Financial Summary - _____
 Amendment No. _____

| L I N E # | COLUMNS | 1 | 2 | 3 | Sum of 2 + 3 + 4 + 5 + 6 = 1 | | 4 | 5 | 6 |
|-----------------------|---|---|---------------------------|--|--|--|--|---|---|
| | DESCRIPTION | MAXIMUM CONTRACT ALLOCATION TOTALS | LOCAL MHP NON MEDI-CAL | DCFS STOP SGF 70% County Local 30% | MAA and NON-EPSDT MEDI-CAL PROGRAMS FFP 50% County Local 50% | EPSDT MEDI-CAL PROGRAM FFP 50% SGF - EPSDT 40.87% County Local 9.13% | HEALTHY FAMILIES FFP 65% County Local 35% | | |
| | | | | Categorical Restricted CGF | Local Match share for claiming Certified Public Expenditure Categorically Restricted Local Funds** (see footnote) | | | | |
| 1 | A. Contractual Limitation By Responsible Financial Party: | | | | | | | | |
| 2 | CGF* | - | | - | - | - | - | - | - |
| 3 | CGF - Psychiatric Emergency Services (PES) | | | | | | | | |
| 4 | SAMHSA | - | | | | | | | |
| 5 | PATH | - | | | | | | | |
| 6 | CalWORKs - Family Project | - | | | | | | | |
| 7 | CalWORKs - Client Supportive Services | - | | | | | | | |
| 8 | CalWORKs - Mental Health Services (MHS) | - | | | | | | | |
| 9 | CalWORKs - Community Outreach Services (COS) | - | | | | | | | |
| 10 | GROW | - | | | | | | | |
| 11 | DCFS AB 1733/2994 | - | | | | | | | |
| 12 | DCFS Family Preservation | - | | | | | | | |
| 13 | DCFS Star View Life Support, PHF | - | | | | | | | |
| 14 | DCFS Independent Living | - | | | | | | | |
| 15 | DCFS STOP (70%) | - | | - | | | | | |
| 16 | DCFS Provisional Funding Uses (PFU) for Medical Hubs | - | | | | | | | |
| 17 | DCFS IFT for Specialized Foster Care | - | | | | | | | |
| 18 | Schiff-Cardenas - M.H. Screening, Assessment, and Treatment (MHSAT) | - | | | | | | | |
| 19 | Schiff-Cardenas - Multi-Systemic Therapy Program (MST) | - | | | | | | | |
| 20 | AB 34/AB 2034 | - | | | | | | | |
| 21 | ADPA AB 34/AB 2034 Housing | - | | | | | | | |
| 22 | DHS HIV/AIDS | - | | | | | | | |
| 23 | DHS Dual Diagnosis | - | | | | | | | |
| 24 | IDEA (AB 3632 - SEP) | - | | | | | | | |
| 25 | Mental Health Services Act (MHSA) - Full Services Partnership | - | | | | | | | |
| 26 | Mental Health Services Act (MHSA) | - | | | | | | | |
| 27 | Medi-Cal, Healthy Families, or MAA FFP | - | | | | | | | |
| 28 | SGF - EPSDT | - | | | | | | | |
| 29 | Maximum Contract Amount (A) | - | - | | | | | | |
| 30 | B. Third Party: | | | | | | | | |
| 31 | Medicare | - | | | | | | | |
| 32 | Patient Fees | - | | | | | | | |
| 33 | Insurance | - | | | | | | | |
| 34 | Other | - | | | | | | | |
| 35 | | - | | | | | | | |
| 36 | Total Third Party (B) | - | - | | | | | | |
| 37 | GROSS PROGRAM BUDGET (A+B) | - | - | | | | | | |

Footnote

* The Department is developing the parameters for authorizing the shift of CGF among the various programs identified in columns 2, 3, 4, 5, and 6. These parameters will be incorporated by a separate contract amendment during the year.

** These Local Funds are restricted in compliance with specific statutory, regulatory, and contractual requirements and obligations that are conditions for Medi-Cal reimbursement of Short-Doyle Medi-Cal claims. California Code of Regulations Title 9, Division 1, Chapter 11, Subchapter 4, Article 1, paragraph 1840.112 MHP Claims Certification and Program Integrity and Federal Code of Regulations, Title 42, Section 438.608.

Contractor Name:
Legal Entity No.:
Agreement Period:
Fiscal Year:

DMH Legal Entity Agreement
Page 2 of 2
The Rate Summary
Amendment No. ____

| MENTAL HEALTH SERVICES | | Mode of Service | Service Function Code (SFC) Range | Provisional Rates Negotiated NR | Provisional Rates Cost Reimb. CR | Provider Numbers |
|--|----------------|-----------------|-----------------------------------|---------------------------------|----------------------------------|------------------|
| A. 24-HOUR SERVICES: | | | | | | |
| Hospital Inpatient | | 05 | 10 - 18 | | | |
| Hospital Administrative Day | | 05 | 19 | | | |
| Psychiatric Health Facility (PHF) | | 05 | 20 - 29 | | | |
| SNF Intensive | | 05 | 30 - 34 | | | |
| IMD/STP Basic (No Patch) | Beds 1-59 | 05 | 35 | | | |
| | Beds 60 & over | 05 | 35 | | | |
| Patch for IMD | | 05 | 36 - 39 | | | |
| Mentally Ill Offenders | Indigent | 05 | 36 - 39 | | | |
| | Regular | 05 | 36 - 39 | | | |
| IMD - Like | | 05 | 36 - 39 | | | |
| IMD (w/Patch) Sub-Acute (60 days) | | 05 | 38 | | | |
| Adult Crisis Residential | | 05 | 40 - 49 | | | |
| Residential Other | | 05 | 60 - 64 | | | |
| Adult Residential | | 05 | 65 - 79 | | | |
| Semi - Supervised Living | | 05 | 80 - 84 | | | |
| Independent Living | | 05 | 85 - 89 | | | |
| MH Rehab Centers | | 05 | 90 - 94 | | | |
| B. DAY SERVICES: | | | | | | |
| Vocational Services | | 10 | 30 - 39 | | | |
| Socialization | | 10 | 40 - 49 | | | |
| SNF Augmentation | | 10 | 60 - 69 | | | |
| Day Treatment Intensive: Half Day | | 10 | 81 - 84 | | | |
| Day Treatment Intensive: Full Day | | 10 | 85 - 89 | | | |
| Day Rehabilitative: Half Day | | 10 | 91 - 94 | | | |
| Day Rehabilitative: Full Day | | 10 | 95 - 99 | | | |
| C. OUTPATIENT SERVICES: | | | | | | |
| Targeted Case Management Services (TCMS), formerly Case Management Brokerage | | 15 | 01 - 09 | | | |
| Mental Health Services | | 15 | 10 - 19/ 30 - 59 | | | |
| Therapeutic Behavioral Services (TBS) | | 15 | 58 | | | |
| Medication Support | | 15 | 60 - 69 | | | |
| Crisis Intervention | | 15 | 70 - 79 | | | |
| D. OUTREACH SERVICES: | | | | | | |
| Mental Health Promotion | | 45 | 10 - 19 | | | |
| Community Client Services | | 45 | 20 - 29 | | | |
| E. SUPPORT SERVICES: | | | | | | |
| Life Support/Board & Care | | 60 | 40 - 49 | | | |
| Case Management Support | | 60 | 60 - 69 | | | |
| Client Supportive Services (Cost Reimbursement) | | 60 | 64 | | | |
| F. Medi-Cal Administrative Activities (MAA): | | | | | | |
| MAA | | 55 | 01 - 35 | | | |

COUNTY OF LOS ANGELES - DEPARTMENT OF MENTAL HEALTH

ATTACHMENT IV

ADULT SYSTEMS OF CARE
SERVICE AREAS 6 AND 7 SPECIALIZED FOSTER CARE MENTAL HEALTH SERVICES
PROPOSED FUNDING FOR CONTRACTED SERVICES
FY 2005-2006

| | CHILD SERVICES | | | | | Grand TOTAL |
|---------------------------------------|----------------|-----------------------|------------|-------------------------------|---------------------------------------|----------------|
| | EPSTD SGF | EPSTD FFP Medi-Cal | CGF Match | CHILDREN SERVICES TOTAL | General Funds / Adult Uninsured | |
| SERVICE AREA 6 | | | | | | |
| Kadren Community Mental Health Center | \$ 204,350 | \$ 250,000 | \$ 45,650 | \$ 500,000 | | \$ 500,000 |
| Los Angeles Child Guidance | 204,350 | 250,000 | 45,650 | 500,000 | | 500,000 |
| Total Service Area 6 | \$ 408,700 | \$ 500,000 | \$ 91,300 | \$ 1,000,000 | \$ - | \$ 1,000,000 |
| SERVICE AREA 7 | | | | | | |
| TBA | \$ 817,400 | \$ 1,000,000 | \$ 182,600 | \$ 2,000,000 | \$ - | \$ 2,000,000 |
| TOTALS | \$ 1,226,100 | \$ 1,500,000 | \$ 273,900 | \$ 3,000,000 | \$ - | \$ 3,000,000 |

ATTACHMENT V

CONTRACT NO. DMH-00964

AMENDMENT NO. 24

THIS AMENDMENT is made and entered into this ____ day of ____, 2005, by and between the COUNTY OF LOS ANGELES (hereafter "County") and The Regents of the University of California, Los Angeles (UCLA) – (Ties for Adoption Program) (hereafter "Contractor").

WHEREAS, County and Contractor have entered into a written Agreement, dated July 1, 2001, identified as County Agreement No. DMH-00964, and any subsequent amendments (hereafter collectively "Agreement"); and

WHEREAS, for Fiscal Year 2005-2006, County and Contractor intend to amend Agreement only as described hereunder; and

WHEREAS, for Fiscal Year 2005-2006, effective upon Board approval through the term of the Affiliation Agreement, which expires on June 30, 2006, County and Contractor intend to amend Agreement by adding \$50,000 to Addendum A (Countywide Academic and Medical Teaching Services Program) for program augmentation at Harbor-UCLA Medical Center and Metropolitan State Hospital to provide program evaluation on an annual basis; and

WHEREAS, for Fiscal Year 2005-2006, the Maximum Contract Amount (MCA) for Addendum A will be increased to \$1,405,007, and the revised MCA for the entire Affiliation Agreement will be \$3,250,725.

NOW, THEREFORE, County and Contractor agree that Agreement shall be amended only as follows:

1. Addendum A- Amendment 23, (Countywide Academic and Medical Teaching Services Program) shall be deleted in its entirety and replaced with Addendum A - Amendment 24, (Countywide Academic and Medical Teaching Services Program), attached hereto and incorporated herein by reference. All references to Agreement, Addendum A - Amendment 23, (Countywide Academic and Medical Teaching Services Program) shall be deemed amended to state "Addendum A - Amendment 24, (Countywide Academic and Medical Teaching Services Program)."
2. Contractor shall provide services in accordance with the Contractor's Fiscal Year 2003-2004 Negotiation Package for this Agreement and any addenda thereto approved in writing by Director.
3. Except as provided in this Amendment, all other terms and conditions of the Agreement shall remain in full force and effect.

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IN WITNESS WHEREOF, the Board of Supervisors of the County of Los Angeles has caused this Amendment to be subscribed by County's Director of Mental Health or his designee, and Contractor has caused this Amendment to be subscribed in its behalf by its duly authorized officer, the day, month, and year first above written.

COUNTY OF LOS ANGELES

By MARVIN J. SOUTHARD, D.S.W.
Director of Mental Health

The Regents of the University of
California, Los Angeles (UCLA) - Ties
for Adoption Program
CONTRACTOR

By _____
Name J. Thomas Rosenthal, M.D.

Title Director, Vice Provost
(AFFIX CORPORATE SEAL HERE)

APPROVED AS TO FORM
OFFICE OF THE COUNTY COUNSEL

APPROVED AS TO CONTRACT
ADMINISTRATION:

DEPARTMENT OF MENTAL HEALTH

By _____
Chief, Contracts Development
and Administration Division

Addendum A -Amendment 24

Countywide Academic and Medical Teaching Services Program

| | |
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AI INTRODUCTION

University and DMH agree that this Addendum A - Amendment 24 shall be adopted under Section 2.1 ("Academic and Medical Teaching Services") of the Agreement of July 1, 2001, between University and DMH. University and DMH further agree that this Addendum A - Amendment 24 shall replace Addendum A - Amendment 23 in its entirety and shall be subject to all of the provisions of the Agreement governing Academic and Medical Teaching Services, except where otherwise specified in this Addendum A - Amendment 24.

A2 DESCRIPTION OF SERVICES

A2.1 Countywide Academic and Medical Teaching Services Program

University shall assign UCLA Department of Psychiatry and Biobehavioral Sciences faculty members ("University Faculty") to provide Academic and Medical Teaching Services in DMH Facilities to DMH personnel.

These services shall be measured and provided in terms of "sessions." The scheduling, content, and location of these sessions shall be described in Sections A2.2 and A2.3.

A2.2 Scheduling and Content of Sessions

The scheduling and content of sessions under this Section shall be developed by the Joint Mental Health Operations Committee ("Committee"). The Committee may delegate responsibility for creating initial scheduling and content to a subcommittee. However, any final session schedule or content must be approved by the full Committee, as required by Section 5.1.1.4.3 of the main Agreement.

The Committee shall develop scheduling and content to implement the following objectives:

- a) Developing a comprehensive programmatic approach to evaluate, improve, and expand programs offered to clients in DMH Facilities;
- b) Providing DMH physicians, other DMH mental health professionals, and non university public sector mental health providers with training in the state-of-the-art knowledge regarding mental illness, psychopharmacology, and novel approaches to interventions and rehabilitation;
- c) Increasing the collaboration between the University and the DMH facilities in establishing quality and outcome procedures to ensure continuous quality improvement in services provided;
- d) Improving the ability of DMH to educate and hire qualified physicians and allied mental health professionals through the participation of trainees in public sector training programs;
- e) Ensuring the development of personnel and protocols necessary for the establishment of a seamless system of care spanning inpatient and outpatient public and private sector settings;

- f) Promoting a diversified and professionally stimulating environment within the community mental health program that ensures improvements in staff recruitment and retention;
- g) Enhancing the training opportunities for all UCLA clinical interns and psychiatry residents within the field of community mental health and non university public sector settings; and
- h) Including DMH Facilities within the research framework of the University, through the UCLA Neuropsychiatric Institute and Hospital.

In developing the scheduling and content of these sessions, the Committee shall also specifically set forth and describe the forms in which these services shall be provided, taking into account the specific needs of individual DMH Facilities. These forms include, but are not necessarily limited to, the following:

- a) Presentations;
- b) Seminars;
- c) Round table discussion groups;
- d) One-on-one tutorials;
- e) Case consultations and conferences;
- f) Participation in staff meetings;
- g) Observation and evaluation of mental health services delivery and client interaction; and
- h) Consultations on facility-specific issues.

As set forth in Section 5.1.1.4.3 of the main Affiliation Agreement, the final schedule approved by the Committee shall describe in detail the form by which services will be provided, who shall participate, the anticipated time, date, location, and duration of each session, as well as the specific topics to be covered.

A2.3 Location of Sessions

As provided in Section A2.2, the Committee shall jointly develop a schedule for the provision of Countywide Academic and Medical Teaching Services sessions by University Faculty. The Committee shall schedule these sessions among the following DMH Facilities in a manner to best achieve the goals expressed in Section A2.2, as well as the needs of the individual facilities:

Antelope Valley Mental Health Center
Arcadia Mental Health Center
Augustus F. Hawkins Mental Health Center
Coastal Asian Mental Health Center
Compton Mental Health Center
Downtown Mental Health Center
Edmund D. Edelman Westside Mental Health Center
Forensic Mental Health Services
Hollywood Mental Health Center
Jail Mental Health Services
Long Beach Mental Health Center
Northeast Mental Health Center
Palmdale Mental Health Center
Rio Hondo Mental Health Center
Roybal Family Mental Health Centers
San Antonio Mental Health Center
San Fernando Mental Health Center
San Pedro Mental Health Center
Santa Clarita Mental Health Center
South Bay Mental Health Center
Valley Coordinated Children's Mental Health Services
West Central Mental Health Center
West Valley Mental Health Center

A2.4 Additional Academic and Medical Teaching Services for the Southern Geographic Area of Los Angeles County, in conjunction with the National Institute of Mental Health (NIMH) and the Adult Systems of Care Bureau Initiative Focusing on Improving Services for Underserved Populations Countywide

University, through the Harbor-UCLA Medical Center, shall provide for additional consultation, training, and academic supervision for DMH programs in the Southern Geographic Area of Los Angeles County, in conjunction with the NIMH and the Adult Systems of Care Bureau Initiative focusing on improving services for underserved populations Countywide. These services shall include, but not be limited to, evidence-based, short-term treatment approaches; family treatment approaches; program evaluation; and the rotation of resident physicians, psychology interns, and other disciplines with the attendant supervision and placements. In addition, faculty from Harbor-UCLA Medical Center will provide training to the Southern Geographic Area community, including mental health service providers, clients and family members.

Due to the specialized nature of these services, these services shall not be subject to the planning, content, scheduling, and certification provisions set forth in Section 3.1.2 ("Nature and Scope of Academic and Medical Teaching

Services") of the Agreement and its subsections. Furthermore, the Joint Mental Health Operations Committee shall not conduct any strategic planning, session content and scheduling, or claim resolution activities, as may be called for in Section 5.1.1 ("Joint Mental Health Operations Committee") or its subsections, regarding services provided under this Addendum, Section A2.4.

A2.5 Additional Academic and Medical Teaching Services for the Harbor-UCLA Medical Center and Metropolitan State Hospital, through Harbor-UCLA Medical Center

University, through the Harbor-UCLA Medical Center, shall provide for additional consultation, training, and academic supervision for the inpatient and outpatient programs at Harbor-UCLA Medical Center and for the adult and children's programs at Metropolitan State Hospital. These services shall include, but not be limited to, clinical psychological testing, evaluation, and therapy services provided by clinical psychology interns and fellows as part of their training programs, and teaching and training of psychiatry interns, residents and faculty staff in the areas of psychiatric emergency, crisis, and general adult/child outpatient and inpatient services. In addition, faculty from Harbor-UCLA Medical will provide training and consultation to the communities served, including mental health service providers, clients, and family members. Due to the specialized nature of these services, these services shall not be subject to the planning, content, scheduling, and certification provisions set forth in Section 3.1.2 ("Nature and Scope of Academic and Medical Teaching Services") of the Agreement and its subsections. Furthermore, the Joint Mental Health Operations Committee shall not conduct any strategic planning, session content and scheduling, or claim resolution activities, as may be called for in Section 5.1.1 ("Joint Mental Health Operations Committee") or its subsections, regarding services provided under this Addendum, Section A2.4.

Notwithstanding the above, services provided under this section must have the prior written approval of a detailed annual budget/spending plan for all covered services and expenditures by the DMH and UCLA Academic Administrator.

A3 FINANCIAL PROVISIONS

A3.1 Countywide Academic and Medical Teaching Services Program

For each year of this Agreement, University shall provide the Academic and Medical Teaching Services described in Section A2.1 according to the levels and rates set forth in the following chart:

| | |
|---|-----------|
| Number of Sessions | 661 |
| Cost Per Session | \$400 |
| Cost for Academic and Medical Teaching Services | \$264,400 |

For purposes of developing and coordinating the Academic and Medical Teaching Services provided under Section A2.1, A2.4, and A2.5 of the Affiliation Agreement, University may devote a portion of the funding for Academic and Medical Teaching Services sessions to program development and coordination activities. The total amount for this function shall not exceed \$70,000 annually. Reimbursement for Countywide Program Development and Coordination Activities shall be paid monthly in arrears by invoice from University to DMH based on University's cost for expenditures, subject to the terms and conditions set forth in the main Affiliation Agreement.

A3.2 Additional Academic and Medical Teaching Services for the Southern Geographic Area of Los Angeles County, in conjunction with the NIMH and the Adult Systems of Care Bureau Initiative Focusing on Improving Services for Underserved Populations Countywide

For the services described in A2.4, DMH shall pay to University an amount not to exceed \$622,375 annually for the term of the Agreement for the Southern Geographic Area and the collaborative work being done with the NIMH related to special populations with the Adult Systems of Care Bureau. Reimbursement for these services shall be paid monthly in arrears by invoice from University to DMH based on one twelfth of the annual academic service plan and budget, with the written approval of the Deputy Director, Adult Systems of Care and subject to the terms and conditions set forth in the main Agreement.

Reimbursement under this section must have the prior written approval of the Deputy Director, Adult Systems of Care or his designee. Resources and funding under this section may be reallocated between identified areas in this section with the prior approval of the Deputy Director, Adult Systems of Care or his designee, based on changes in service needs.

A3.3 Additional Academic and Medical Teaching Services for Harbor-UCLA Medical Center and Metropolitan State Hospital through Harbor-UCLA Medical Center

For the services described in A2.5, DMH shall pay to University an amount not to exceed \$468,232 annually for the term of the Agreement for the Harbor-UCLA Medical Center and Metropolitan State Hospital programs. This amount shall be in addition to, and not in lieu of, any amounts called for in Addendum A - Amendment 23 prior to this Amendment. Reimbursement for these services shall be paid monthly in arrears by invoice from University to DMH based on one twelfth of the annual academic service plan and budget, subject to the terms and conditions set forth in the main Agreement. Services to Harbor-UCLA Medical Center and to Metropolitan State Hospital shall be invoiced separately.

A3.4 MCA for Addendum A

The new MCA for Addendum A is:

| Program | FY 2005-2006 |
|---|-------------------------|
| Countywide Academic and Medical Teaching Services Program | \$264,400 |
| Additional Academic and Medical Teaching Services for the Southern Geographic Area and Adult Systems of Care Bureau countywide Initiative with NIMH through Harbor- UCLA Medical Center | \$622,375 |
| Additional Academic and Medical Teaching Services for Harbor-UCLA Medical Center and Metropolitan State Hospital | \$468,232 |
| Program Evaluation – on an annual basis | \$50,000 |
| Total MCA for Addendum A | \$1,405,007 |

A3.5 Administration and Management

In recognition of the collaborative nature of this Affiliation Agreement, University shall contribute, at no cost to DMH, the managerial and administrative activities necessary to implement the program of services described in this Addendum. These activities include participation in the Joint Mental Health Operations Committee as called for in this Addendum and the Agreement.

The parties anticipate that the administrative and managerial efforts required to implement the program will be substantial, due to its novel and innovative nature.

In addition, the parties recognize that this program will need to be continually monitored, improved, and refined in order to implement its objectives.

In light of these considerations, University has agreed to commit University personnel to providing, at no cost to DMH, no less than 240 hours per Contract Year to the particular administrative and managerial activities required to implement, monitor, and develop this new program. The parties anticipate that the greater part of these hours will be devoted to the Committee's responsibilities set forth in Sections A2.2 ("Scheduling and Content of Sessions") and A2.3 ("Location of Sessions"). University shall provide adequate documentation, such as meeting minutes, to DMH of these administrative and managerial services.

| | |
|--|--------|
| Minimum Number of Hours for Initial Period | 240 |
| Cost to DMH | \$0.00 |

A3.6 Payment Procedures

University and DMH understand and agree that persons providing Academic and Medical Teaching Services under this Agreement are faculty members of the Harbor-UCLA Medical Center - Department of Psychiatry, Charles R. Drew University - Department of Psychiatry, and/or David Geffen School of Medicine at UCLA - Department of Psychiatry and Biobehavioral Sciences or guest lecturers. The parties understand and agree that the University shall be responsible for submitting monthly claim and certification forms and invoices as described in Section 6 under the Affiliation Agreement ("Financial Provisions") and in this Section A3 for Academic and Medical Teaching Services provided by Harbor-UCLA Medical Center, Charles R. Drew University, and David Geffen School of Medicine at UCLA faculty at DMH designated sites. Upon receipt and approval of invoices from the University, DMH shall directly reimburse each aforementioned practice plan for services set forth in Section A2.2, ("Scheduling and Content of Sessions"), A2.4 and A2.5 according to the levels and rates set forth in A3.1 ("Countywide Academic and Medical Teaching Services Program"), and A3.2 and A3.3 (Additional Academic and Medical Teaching Services).

University shall submit invoices to:

**DMH CONTRACT MANAGER
COUNTY OF LOS ANGELES- DEPARTMENT OF MENTAL HEALTH
ADULT SYSTEMS OF CARE
550 SOUTH VERMONT AVENUE, 12TH FLOOR
LOS ANGELES, CALIFORNIA 90020**

DMH shall send payment to:

**UCLA-NEUROPSYCHIATRIC INSTITUTE
DEPARTMENT OF FINANCE
760 WESTWOOD PLAZA, ROOM B7-35
LOS ANGELES, CALIFORNIA 90024-1759
ATTENTION: ASSISTANT DIRECTOR OF FINANCE**

**UCLA-HARBOR MEDICAL FOUNDATION, INC.
21840 SOUTH NORMANDIE AVENUE, SUITE 200
TORRANCE, CALIFORNIA 90502
ATTENTION: CHIEF EXECUTIVE OFFICER**

**CHARLES R. DREW UNIVERSITY
DEPARTMENT OF PSYCHIATRY - HAWKINS BUILDING 1021
1720 EAST 120TH STREET LOS ANGELES, CA 90059
ATTENTION: CHAIRMAN OF PSYCHIATRY & HUMAN BEHAVIOR**

ASOC/UCLA FINAL 8/02/05